IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (C1) MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# Repair PIN# 4724-80-1878 DATE 2/5/03

OWNER OR CONTRACTOR Derrick Ward PHONE: Business (704) 252-3568 cell Home (704) 883-7515

ADDRESS 1151 Rita Ave Statesville N.C. 28677

LOCATION Hwy 70 W (L) Park Drive (R) Williams go turns into Rita, corner Rita & Kennedy

SUBDIVISION Lincoln Est. BLOCK / SECTION 1 LOT 25 LOT AREA _____ SITE CLASS. IV DESIGN FLOW 360 L.T.A.R. Rep

Septic Tank: _____ Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ___ Square Feet _____ Linear Feet 95-15

No Lines 2-3 Trench Width 36" Max Trench Bottom Depth 38" Gravel Depth 24"

☐ New System ☒ Repair System Type: I (II) III. IV. V. VI

System Description: _____

Repair System Description: Gravity, Conventional

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 1

☐ Business No. Employees ___

☐ Other _____

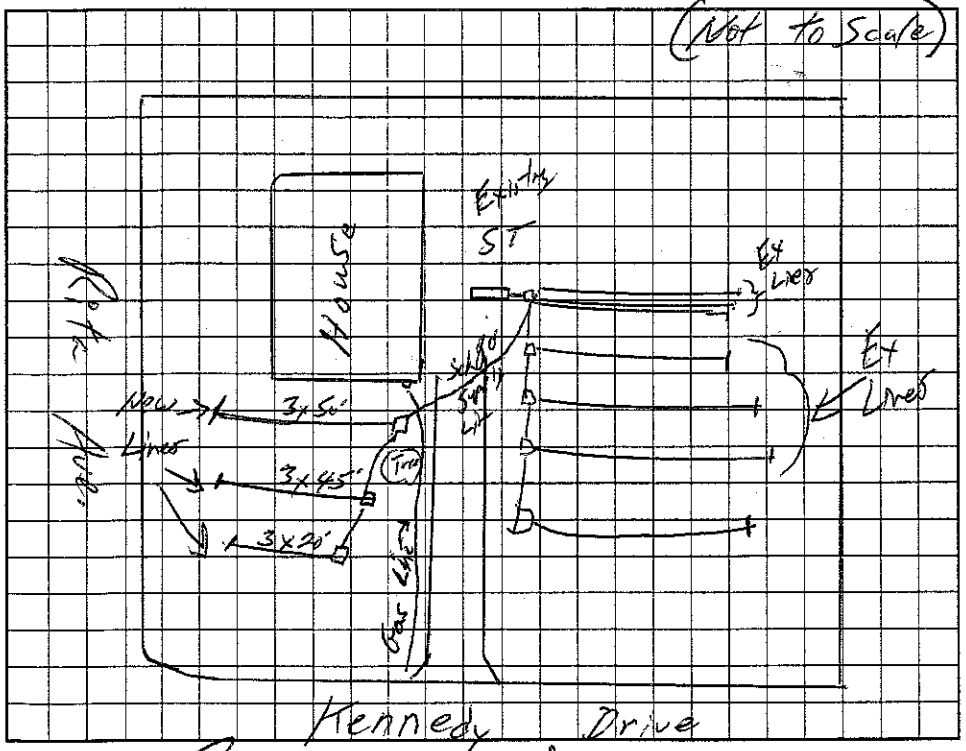
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

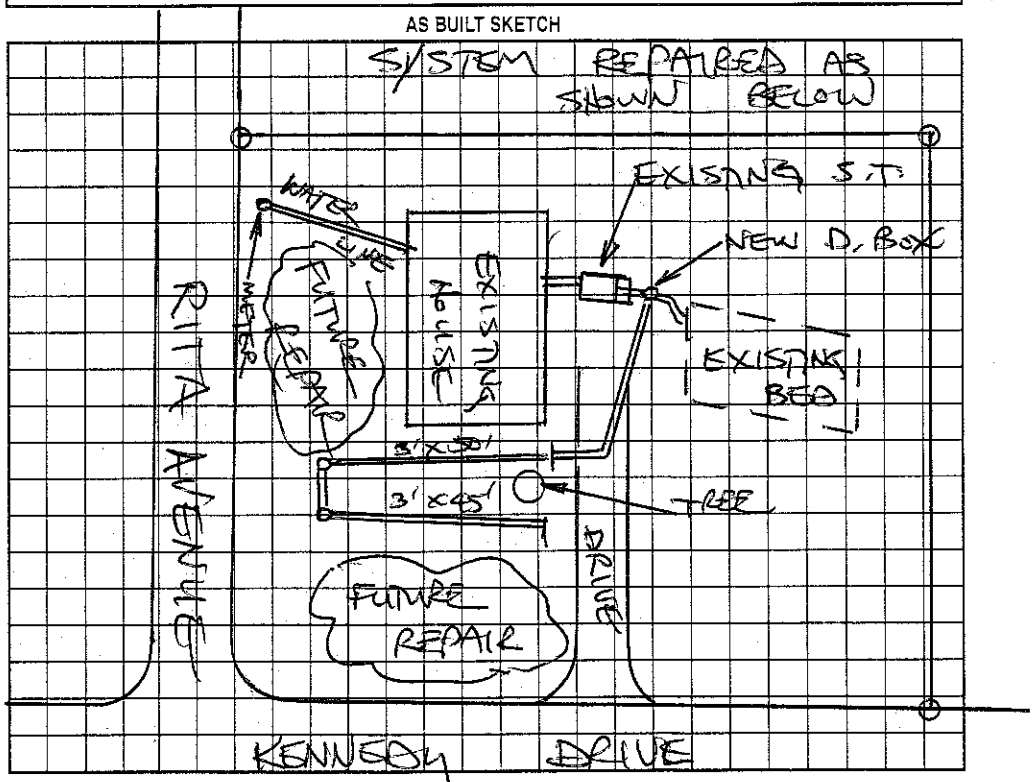
Comments:/Conditions: ① Pump out Septic Tank, replace Sanitary tee if necessary ② Install new distribution box if needed ③ Install Sch 80 PVC Supply line under driveway at 30" deep ④ Call Health Dept on Start date of repair project.

Comments:/Conditions: Top Soft Septic line Okay 2/14/03

INITIAL SITE SKETCH (Not to Scale)



AS BUILT SKETCH



Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit - not to exceed sixty months.

Signed: _____ date 2/5/03 Installed by: HOME-OWNER (DERRICK WARD)

Improvement Permit by: _____ date 2/5/03 Operation Permit by: STEVE HEDRICK date 2-14-03

Authorization to Construct by: _____ date 2/5/03 Existing System Inspection by: _____ date _____

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK